



PATENT  
ATTORNEY DOCKET NO. UCSD1140-1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert K. Naviaux Art Unit: 1614  
Application No.: 09/889,251 Examiner: P.G. Spivack  
Filed: November 1, 2001  
Title: METHODS OF TREATMENT OF MITOCHONDRIAL DISEASES

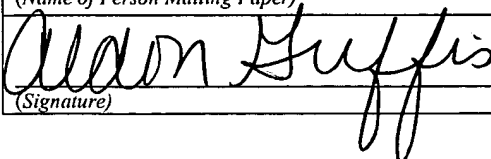
**Mail Stop RCE**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL SHEET**

Sir:

Transmitted herewith for the above-identified application please find:

1. Request for Continued Examination (RCE) Transmittal (1 page);
2. Petition for Three (3) Months Extension of Time (2 pages);
3. Preliminary Amendment (8 pages);
4. Information Disclosure Statement (2 pages);
5. Form PTO-1449 ( 2 pages);
6. Thirteen (13) U.S. Patents;
7. Check No. 560714 in the amount of \$860.00; and
8. Return Receipt Postcard.

<b>CERTIFICATION UNDER 37 CFR §1.8</b>	
I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, <b>June 15, 2004</b> , in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Aldon Griffis <i>(Name of Person Mailing Paper)</i>	
 <i>(Signature)</i>	June 15, 2004 <i>(Date)</i>

In re Application of:  
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This application is entitled to **SMALL ENTITY** status.

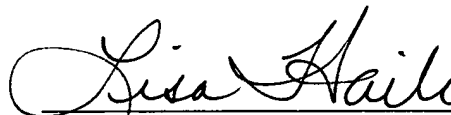
The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity Rate	Large Entity Rate	Calculations
Total Claims	28	66	0	x \$09	x \$18	\$ .00
Independent Claims	6	8	0	x \$42	x \$84	\$ .00
Multiple Claims	-	-		\$140	\$280	\$ .00
Basic Filing Fee				\$385	\$770	\$385.00
					<b>TOTAL FEE</b>	<b>\$385.00</b>

Enclosed is Check No. 560714 in the total amount of \$860.00; which consists of \$385.00 for the fee for the Request for Continued Examination and \$475.00 for the fee for Three (3) Months extension of time. The Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: June 15, 2004



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**USPTO Customer Number 28213**  
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